



**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/492,709
Filing Date	January 27, 2000
First Named Inventor	Zyskind, Judith et al.
Group Art Unit	1631
Examiner Name	Marschel, Ardin H.
Attorney Docket Number	E1021

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

Customer Number

OR

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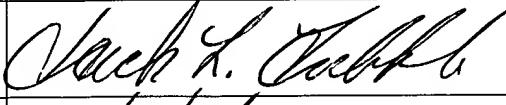
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73 (b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jack L. Tribble
Signature	
Date	11/8/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450